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DHS Joins Movement to Reduce Testing and Medication Overuse

By Michael Wilson



Photo Credit: Choosing Wisely Canada

A Message From the Director

Wow. 10,000 people trained in hands only CPR (see article on other side). Think of how many lives may be saved by those 10,000 people over their lifetimes.

This Friday is the official opening of the Martin Luther King, Jr. Community Hospital. There is much to celebrate. The hospital has been operating very successfully for several weeks now. Collaboration is close with the DHS-run ambulatory care center. In fact, I cannot think of a single other example of a public outpatient clinic and a private-non-profit hospital where collaboration is so close that they are on the same electronic health record platform. The result is that patient information can move smoothly between the inpatient and outpatient departments, just as it should.

I don't know where the summer has gone. My son Max has his last week of camp this week. Fortunately, Roxie still has a few more weeks to spend surfing before the start of school. Remember to stay cool in the L.A. heat. Drink lots of water. Best wishes.



DHS is piloting three efforts to measurably reduce the use of tests and treatments that contribute to higher medical costs, but don't necessarily produce improved outcomes. The initiatives underway at LAC+USC Medical Center are funded by the American Board of Internal Medicine (ABIM) Foundation through a partnership with UCLA.

The focus areas are inappropriate use of MRIs for lower back pain, unnecessary pre-operative testing for cataract surgery, and inappropriate antibiotic use for acute bronchitis. The grant will fund creation of patient education materials, such as posters and waiting room videos, and revisions to practice guidelines through primary and specialty care workgroups.

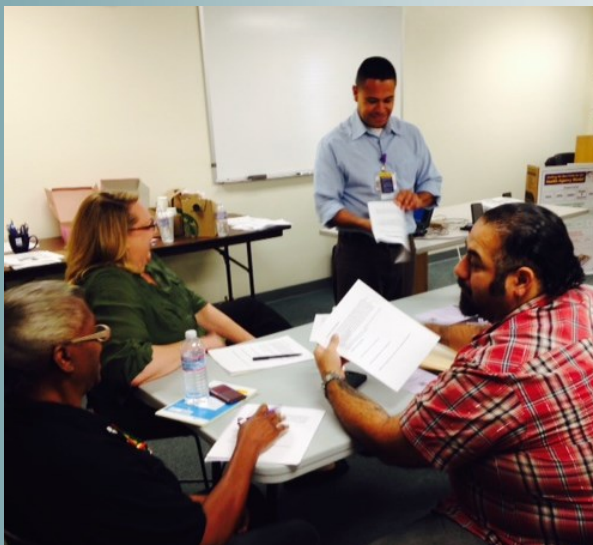
The ABIM's *Choosing Wisely* campaign urges stronger communication between providers and patients on the issue of over-testing. Working with national stakeholders and consumer groups, the organization has released lists of tests and procedures that are commonly overused with little or no marginal benefit.

"A key aim of the Affordable Care Act is to control costs and deliver care more efficiently with an emphasis on quality over quantity," says Jennifer Sayles, MD, chief pop-

ulation health officer, LAC+USC Medical Center. "Both providers and patients have a role in controlling costs, so it's important to have a conversation about the actual benefits of a diagnostic test or a medication therapy to make the an informed decision together."

Sayles points to prescribing antibiotics for viral infections as an example of the kind of waste and harm the campaign hopes to reduce. Antibiotics not only do not work for viral infections, but contribute to increased antibiotic resistance in the population. Ordering an MRI for every ailment can open a Pandora's Box of other health issues unrelated to a patient's primary complaint. And ordering EKGs and chest x-rays for every patient having cataract surgery isn't necessary. Put simply, consumer demand for the latest technology often outweighs the benefits, and insurers pass on those costs to employers and their insured.

"In reality clinical practice deviates from evidence based guidelines. Part of changing that behavior is providing education, clinical decision-support, and awareness of specific DHS expected practices," Sayles adds. "We will also pilot the additional intervention of giving providers tools to talk with patients

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DHS and SEIU 721 Focused on System Improvement

By Michael Wilson

The Affordable Care Act's disruption of business as usual has also impacted the way Labor and Management work together. To make the sweeping changes DHS must implement to compete in a new era, leaders on both sides have committed to building a stronger department and workforce through cohesive alignment.

This project began two years ago when DHS and SEIU leaders formed a Labor-Management Transformation Council. Sub-committees were formed to examine operational priority areas, like patient experience and customer service, care improvement, standardization of emergency codes, and better communications at DHS facilities.

In June, DHS Human Resources and SEIU 721 held a kickoff event at Olive View-UCLA Medical Center to implement reformed Labor Management Committees (LMCs). These committees are an opportunity for staff and management to dialogue monthly and discuss issues im-

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Body of Evidence Supports Simulation Center

By Michael Wilson

Walk into this bungalow housed on the Harbor-UCLA Medical Center campus and you’re instantly drawn to the babies neatly tucked in their cribs. They murmur and fuss. Other patients rest comfortably on nearby beds breathing normally. The ambient sounds of hospitals, like beeping IV drips, are instantly familiar. But step in closer and these infants and adult patients aren’t real. They are mannequins. The eyes that blink are robotic and the skin that feels so life-like is synthetic. The equipment and sounds are all stage worthy of a TV production. The Simulation and Skills Center at Harbor-UCLA (SSC) is a high-tech training ground for physicians, nurses, and allied health care professionals. Established four years ago to help health care providers master their technical and critical decision-making skills, the Center gets them as close as humanly possible to what examining or performing a procedure on a patient will look and feel like in 3D color and Bose-quality sound. The patients here bleed, jolt, breathe, speak, and react just like humans. On this day a trainee is managing a by-the-book medical problem, but can’t figure out why the patient’s blood pressure is dropping and other clinical indicators are moving in the opposite direction of what should be occurring. The provider in training, now moving quickly to respond to rapidly changing vital indicators, communicates with colleagues to try and explain the complexity of what’s happening.



The Center is run by director and UCLA Geffen School of Medicine Associate Professor of Pediatrics Tom Kallay, MD, who says there’s growing evidence to support the effectiveness of simulation-based education. “Simulation strengthens confidence and offers a safe environment to practice critical decision making,” he says. And the providers here aren’t just giving simple injections. The simulation environment can accommodate diverse and very realistic medical scenarios. The SSC has served over 6,000 participants from 17 clinical departments. In addition to aiding research and training efforts, the SSC regularly invites community youth for education sessions. The “Ooohs, Wow, and Aahs” coming from the school kids

are some of the best sounds here, Dr. Kallay says, because it shows they are interested and may inspire career paths in the medical field or education. The SSC offers multiple teaching systems. One is geared for obstetrics and simulates a complete birthing experience including neonatal resuscitation. Another model replicates infant physiological responses to drug administrations and other interventions. Another simulator allows a team of providers to test clinical decision making skills on a full scale adult patient under various scenarios. Trainers onsite assist with doing procedures like intubations, sutures, central line placement and endoscopies.

And Another Thing...



Over 10,000 people were trained in hands-only cardio pulmonary resuscitation (CPR) in June on a single day. For those who remember the iconic 1970’s film Saturday Night Fever, county residents were taught to pump the heart to the beat of the ‘Stayin’ Alive’ track. The annual Sidewalk CPR training event is co-sponsored by the EMS Agency, L.A. County Fire Department, and the American Heart Association. Trainings were held at over 70 locations including fire stations, shopping malls, and hospitals. With 70% of all cardiac arrests occurring at home, family and friends can double or triple their loved one’s chance of survival. Hands-only CPR focuses on the first few minutes following a cardiac arrest, since the lungs and blood contain only enough oxygen to keep vital organs healthy for that amount of time. While emergency responders are on their way to the scene, 100 chest compressions per minute using hands-only CPR will help provide the ongoing blood flow needed to give the patient a much better chance of survival once responders arrive. An additional 10,000 people were also trained across Ventura, Orange, Kern, Riverside, Santa Barbara and San Diego Counties.

(‘IMPROVEMENT’)

portant to patient care and operational improvement. Human Resources manager Timothy Pescatello oversaw the process of developing a new LMC model, identifying proper training needs and recruiting committee members with help from Hospital CEO Carolyn Rhee. “In labor-management committee meetings managers and line staff would sit on opposite sides of the table,” says DHS human resources analyst Farhad Akbari. “The union chaired the meetings and developed the agendas. Issues were presented, but there was little expectation of timely responses or dialogue to problem-solve, and overall participation was inconsistent. We knew we had to build a better approach to working together.” The revamped LMC now has membership from all the SEIU bargaining units, and has members from clinics, services, and administration not previously represented at the table. “We spent two days walking the floors and talking to managers and staff,” says Akbari. “It was important to let people know we were doing something different and that everyone would have a voice at the table.” The kickoff event was hosted by Patricia Castillo of SEIU 721 who presented ‘Partnership 101,’ a recap of the health care law and major milestones since DHS began a system transformation effort five years ago. That effort has included empaneling over 400,000 patients into medical homes, investing millions in technology, and



building community health initiatives like Housing for Health. The Worker Education and Resource Center (WERC) is facilitating a curriculum to educate managers and staff on how to work together as a group, build consensus, manage projects, and keep discussions goal-focused. If an employee safety or security issue is raised, for example, the LMC now creates a task force to research the problem and bring forward proposals, like adding signage, or installing lighting or panic buttons. Two LMC meetings are scheduled for August at Olive View-UCLA and the program will be rolled out through the end of the year to the other DHS hospitals. LMC best practices from all facilities will be available shortly on the intranet and new communication channels, like videos and podcasts, are being considered for staff to stay up to speed on transformation progress.

(‘REDUCE’)

about why certain tests may be harmful instead of helpful.” Patient education and social marketing materials that have been developed by Consumer Reports and ABIM will be tailored for the patients and communities served by DHS by a collaborative supported by the grant. U.S. health care spending totaled \$2.9 trillion in 2013, representing 17 percent of the economy. The U.S. is the most expensive health care system in the world, but underperforms most other developed nations in outcomes. “The *Choosing Wisely* campaign has been a leading light among efforts to arm patients and clinicians with the resources they need to have meaningful conversations about what tests or treatments are truly needed, and when,” says Susan Mende, BSN, MPH, senior program officer at Robert Wood Johnson Foundation. “Engaging and empowering patients to be active participants in their health care is a critical element of achieving a national Culture of Health in America.” Other ABIM efforts include reducing screenings for Vitamin D deficiency, repetitive complete blood count (CBC) and chemistry testing, carotid artery stenosis screening in asymptomatic patients, imaging for uncomplicated headaches, and overly frequent Pap tests for women aged 30 to 65. DHS is part of a coalition of partners including the Department of Public Health, the DHS Primary Care Practice Based Research Network, The Wellness Center at Historic General Hospital, and the Society of General Internal Medicine that will share the grant under the leadership of the UCLA Department of Medicine. Financial support also comes from the Robert Wood Johnson Foundation.